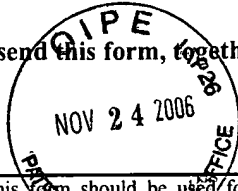


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Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE
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11/24/2006 FMTEKI2 00000032 10767673

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP

Linda S. Wenzel (Depositor's name)
Linda S. Wenzel (Signature)
22 November 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/767,673	01/29/2004	George Hadley Callaway	9417.17685-DIV	5417

TITLE OF INVENTION: ADJUSTABLE BONE PROSTHESES AND RELATED METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	XXX	\$1400 \$700	\$300	\$0	\$1400 \$1700	11/27/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MILLER, CHERYL L	3738	623-019140

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list Ryan Kromholz & Manion, S.C.

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 _____

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

IncuMed, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Raleigh, North Carolina / US

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-2360 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Daniel D. Ryan

Date 22 November 2006

Typed or printed name

Registration No. 29,243

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor application of: Callaway et al.
Serial No.: 10/767,673
Filed: 29 January 2004
For: Adjustable Bone Prostheses and Related Methods

Docket No.: 9417.17685-DIV
Examiner: Miller, Cheryl L.
Group Art Unit: 37384

**Mail Stop Issue Fee
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450**

**NOTIFICATION OF LOSS OF ENTITLEMENT
TO SMALL ENTITY STATUS**

1. Applicant asserted small entity status in this application on 29 January 2004.
2. Applicant hereby notifies the Office, in accordance with the requirements of 37 CFR 1.27(g)(2) that it no longer has status as a small entity.



SIGNATURE OF ATTORNEY

Reg. No.: 29,243

Daniel D. Ryan

TYPE OR PRINT NAME OF ATTORNEY

Tel. No.: (262) 783 - 1300

RYAN KROMHOLZ & MANION, S.C.

Customer No.: 26308

P.O. ADDRESS
Post Office Box 26618

Milwaukee, Wisconsin 53226


CERTIFICATE OF MAILING (37 CFR 1.8(a))

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Date: 22 November 2006

Linda S. Wenzel

Type or print name of person mailing paper



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